



"Littlejohn, Nathan"
<LittNa@ncs.com>

04/11/2002 01:45 PM

To: "Louisa_Loke@nafi.com" <Louisa_Loke@nafi.com>
cc:
Subject: 471 Application ID <form identifier: Telephone> -PR Case ID#<case#119287>

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5

Billed Entity: North American Family Institute

Block 5 Item 23 on page 1: Columns A and B were left blank.

Please make these corrections to your form and fax to my attention at 888-276-8736 or email the corrections to my attention at SLDProblemResolution@ncs.com. Please reference the application number or form identifier and your name in all correspondences. If you have any questions, please call me at 888-203-8100 and reference case number 119287.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

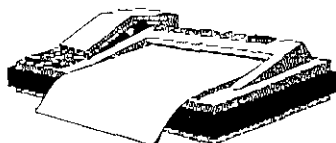
Thank you,

Nathan Littlejohn
Client Service Bureau/Problem Resolution
Schools and Libraries Division
Help Line: (888) 203-8100
Fax: (888) 276-8736
E-Mail: sldproblemresolution@ncs.com

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0175
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 04/19 14:48
USAGE T 01'08
PGS. SENT 3
RESULT OK

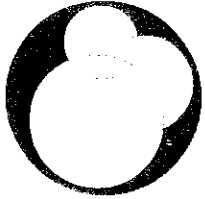


Facsimile Cover Sheet

To: Nathan Littlejohn**Company:** SLD**Phone:** 888-203-8100**Fax:** 888-276-8736**From:** Louisa Loke**Company:** NAFI**Phone:** 978-774-0774 or 978-774-0775, ext. 192**Fax:** 978-774-2262**E-Mail:** Louisaloke@nafi.com**Date:** 4/19/02

No. of pages
including cover page: 3

Comments:**Re: case #119287**



NAFI/NFI

creating diverse and innovative services for people

April 19, 2002

Re: Case Number 119287

ADMINISTRATIVE OFFICES:

10 Harbor Street

Danvers, MA 01923

Tel: (978) 774-0774

Main Fax: (978) 774-8369

Alternate Fax: (978) 774-2262

TTY: (978) 762 6314

Dear Mr. Littlejohn,

- Form Identifiers: Telephone
Block 5 Item 23 on page 1: Column A & B have been corrected. Please refer to the attachment.

If you have any questions please feel free to contact.

Sincerely,

Louisa Loke

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Telephone
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 1 of 12

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 978-521-1622					
12 Form 470 Application Number (15 digits) 681020000377973					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
13 SPIN - Service Provider Identification Number (9 digits) 143001192					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003					
14 Service Provider Name AT&T					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service:					You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 1 _____					
22 Entity/Entities Receiving This Service:					a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____					
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
15.25	0	15.25	12	183			0	183	89%	\$ 162.87



"Littlejohn, Nathan"
<LittNa@ncs.com>

04/11/2002 01:45 PM

To: "'Louisa_Loke@nafi.com'" <Louisa_Loke@nafi.com>

CC:

Subject: 471 Application ID <form identifier: long distance> -PR Case ID
#<case#119289>

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5

Billed Entity: North American Family Institute

Block 5 Item 23 on page 1: Columns A and B were left blank.

Please make these corrections to your form and fax to my attention at 888-276-8736 or email the corrections to my attention at SLDProblemResolution@ncs.com. Please reference the application number or form identifier and your name in all correspondences. If you have any questions, please call me at 888-203-8100 and reference case number 119289.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,

Nathan Littlejohn
Client Service Bureau/Problem Resolution
Schools and Libraries Division
Help Line: (888) 203-8100
Fax: (888) 276-8736
E-Mail: sldproblemresolution@ncs.com

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0176
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 04/19 15:01
USAGE T 01'08
PGS. SENT 3
RESULT OK



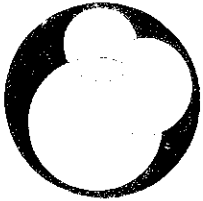
Facsimile Cover Sheet

To: Nathan Littlejohn**Company:** SLD**Phone:** 888-203-8100**Fax:** 888-276-8736**From:** Louisa Loke**Company:** NAFI**Phone:** 978-774-0774 or 978-774-0775, ext. 192**Fax:** 978-774-2262**E-Mail:** Louisaloke@nafi.com**Date:** 4/19/02

No. of pages
including cover page: 3

Comments:

Re: case #119289



NAFI/NFI

creating diverse and innovative services for people

April 19, 2002

Re: Case Number 119289

ADMINISTRATIVE OFFICES:
10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Main Fax: (978) 774-8369
Alternate Fax: (978) 774-2262
TTY: (978) 762-6314

Dear Mr. Littlejohn,

- Form Identifiers: Long Distance
Block 5 Item 23 on page 1: Column A & B have been corrected. Please refer to the attachment.

If you have any questions please feel free to contact me.

Sincerely,

Louisa Loke

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

long distance
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 1 of 3

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 978-521-1622					
12 Form 470 Application Number (15 digits) 681020000377973					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
13 SPIN - Service Provider Identification Number (9 digits) 143001192					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003					
14 Service Provider Name AT&T					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>1</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
4,161.75	-	4,161.75	12	49,941.04			0	49,941.04	89%	44,447.53



"Littlejohn, Nathan"
<LittNa@ncs.com>

04/11/2002 01:45 PM

To: "'Louisa_Loke@nafi.com'" <Louisa_Loke@nafi.com>
cc:
Subject: 471 Application ID <form identifier: Wireless> -PR Case ID#<case#119290>

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5

Billed Entity: North American Family Institute

Block 5 Item 23 on page 2: Columns A and B were left blank.

Please make these corrections to your form and fax to my attention at 888-276-8736 or email the corrections to my attention at SLDProblemResolution@ncs.com. Please reference the application number or form identifier and your name in all correspondences. If you have any questions, please call me at 888-203-8100 and reference case number 119290.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,

Nathan Littlejohn
Client Service Bureau/Problem Resolution
Schools and Libraries Division
Help Line: (888) 203-8100
Fax: (888) 276-8736
E-Mail: sldproblemresolution@ncs.com

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0177
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 04/19 15:10
USAGE T 01'08
PGS. SENT 3
RESULT OK



Facsimile Cover Sheet

To: Nathan Littlejohn**Company:** SLD**Phone:** 888-203-8100**Fax:** 888-276-8736**From:** Louisa Loke**Company:** NAFI**Phone:** 978-774-0774 or 978-774-0775, ext. 192**Fax:** 978-774-2262**E-Mail:** Louisaloke@nafi.com**Date:** 4/19/02

No. of pages
including cover page: 3

Comments:

Re: case #119290



NAFI/NFI

creating diverse and innovative services for people

April 19, 2002

Re: Case Number 119290

ADMINISTRATIVE OFFICES:
10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Main Fax: (978) 774-8369
Alternate Fax: (978) 774-2262
TTY: (978) 762-6314

Dear Mr. Littlejohn,

- Form Identifiers: Wireless
Block 5 Item 23 on page 2: Column A & B have been corrected. Please refer to the attachment.

If you have any questions please feel free to contact me.

Sincerely,

Louisa Loke

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Wireless
(978) 774-0774

Block 5: Discount Funding Request(s)

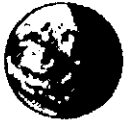
Block 5, page 2 of 13

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 5210369-4					
12 Form 470 Application Number (15 digits) 681020000377973					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
13 SPIN - Service Provider Identification Number (9 digits) 143018525					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003					
14 Service Provider Name Arch Wireless					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 2 _____										
22 Entity/Entities Receiving This Service:					a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____					
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
714.08	0	714.08	12	8569			0	8569	89%	\$ 7,626.41



SLD Problem
Resolution
<SLDProblemResoluti
on@ncs.com>

To: "'Louisa_Loke@nafi.com'" <Louisa_Loke@nafi.com>
cc:
Subject: FY 5 471//Form Identifiers: Internet & Network (please reply)

04/12/2002 08:52 PM

Louisa Loke,

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Form Identifiers: Internet & Network

On ALL of your block 5's you have reported the contract expiration date as 06/30/2002. This makes your contract expiration date before the Service Start Date. Please look over your Block 5's and make the appropriate corrections.

Please make these corrections to your form and fax to my attention at 888-276-8736 or email the corrections to my attention at SLDProblemResolution@ncs.com. Please reference the application number or form identifier and your name in all correspondences. If you have any questions, please call me at 888-203-8100 and reference case number 118394 & 118470.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,
Heidi Collins
Client Service Bureau/Problem Resolution
Schools and Libraries Division
Help Line: (888) 203-8100
Fax: (888) 276-8736
E-Mail: sldproblemresolution@ncs.com

Schools and Libraries Division Client Service Bureau

Help Line : (888) 203-8100
Fax: (888) 276-8736
E-Mail: sldproblemresolution@ncs.com

Fax

To: Louisa Loke
Fax: 1-978-774-8369
Phone: 1-978-774-0774
Re: Form 471 Form Identifier: Internet & Network
From: Heidi Collins
Pages: 1
Date: 04/15/2002
☐ Urgent ! ☐ For Review ☐ Please Comment ☒ Please Reply ! ☐ Please Recycle

Louisa Loke,

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Form Identifiers: Internet & Network

On ALL of your block 5's you have reported the contract expiration date as 06/30/2002. This makes your contract expiration date before the Service Start Date. Please look over your Block 5's and make the appropriate corrections.

Please make these corrections to your form and fax to my attention at 888-276-8736 or email the corrections to my attention at SLDProblemResolution@ncs.com. Please reference the application number or form identifier and your name in all correspondences. If you have any questions, please call me at 888-203-8100 and reference **case number 118394 & 118470**.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,
Heidi Collins
Client Service Bureau/Problem Resolution
Schools and Libraries Division
Help Line: (888) 203-8100
Fax: (888) 276-8736
E-Mail: sldproblemresolution@ncs.com

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0174
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 04/19 14:12
USAGE T 02'09
PGS. SENT 5
RESULT OK



Facsimile Cover Sheet

To: Heidi Collins

Company: SLD

Phone: 888-203-8100

Fax: 888-276-8736

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

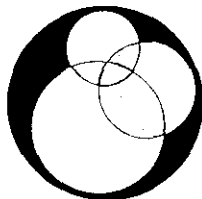
E-Mail: Louisaloke@nafi.com

Date: 4/19/02

No. of pages
including cover page: 5

Comments:

Re: case #118470 & 118394



NAFI/NFI

creating diverse and innovative services for people

April 19, 2002

Re: Case Number 118470 & 118394

ADMINISTRATIVE OFFICES:

10 Harbor Street

Danvers, MA 01923

Tel: (978) 774-0774

Main Fax: (978) 774-8369

Alternate Fax: (978) 774-2262

TTY: (978) 762-6314

Dear Ms. Collins,

- Form Identifiers: Internet
Block 5, Item 20 Contract Expiration Date has been corrected. Please refer to the attachment.
- Form Identifiers: Internal
Block 5, Item 20 Contract Expiration Date has been corrected. Please refer to the attachment.

If you have any questions please feel free to contact.

Sincerely,

Louisa Loke

Entity Number: 227033

Contact Person: Louisa Loke

Applicants Form Identifier:

Phone Number:

Internet

(978) 774-0774

Block 5: Discount Funding Request(s)Block 5, page 1 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)					N/A	
12 Form 470 Application Number (15 digits) 681020000377973					16 Billing Account Number (e.g., billed telephone number)					(978) 774-0774	
13 SPIN - Service Provider Identification Number (9 digits) 143001123					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)					12/13/2001	
					18 Contract Award Date (mm/dd/yyyy)					1/16/2002	
					19a Service Start Date (mm/dd/yyyy)					7/1/2002	
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)						
14 Service Provider Name WorldCom Communications					20 Contract Expiration Date (mm/dd/yyyy)					6/30/2003	
21 Description of This Service:					You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 1 _____						
22 Entity/Entities Receiving This Service:					a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____						
23 Calculations											
Recurring Charges					Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	
32,582.10	-	32,582.10	12	390,985.20	0	0	0	390,985.20	89%	\$ 347,976.83	

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Internet
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 2 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) N/A					
12 Form 470 Application Number (15 digits) 681020000377973					16 Billing Account Number (e.g., billed telephone number) (978) 774-0774					
13 SPIN - Service Provider Identification Number (9 digits) 143001157					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
					18 Contract Award Date (mm/dd/yyyy) 1/16/2002					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)					
14 Service Provider Name Qwest					20 Contract Expiration Date (mm/dd/yyyy) 6/30/2003					
21 Description of This Service:					You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 2 _____					
22 Entity/Entities Receiving This Service:					a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A2 _____					
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
2,395.60	-	2,395.60	12	28,747.20	0	0	0	28,747.20	90%	\$ 25,872.48

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Network
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page x of x

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections					15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) N/A					
					16 Billing Account Number (e.g., billed telephone number) (978) 774-0774					
12 Form 470 Application Number (15 digits) 681020000377973					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
13 SPIN - Service Provider Identification Number (9 digits) 143004778					18 Contract Award Date (mm/dd/yyyy) 1/16/2002					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)					
14 Service Provider Name Retrofit Technologies					20 Contract Expiration Date (mm/dd/yyyy) 6/30/2003					
21 Description of This Service:					You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 1 _____					
22 Entity/Entities Receiving This Service:					a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1					
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	940212	22189	918023	918023	90%	\$ 826,220.70



"Littlejohn, Nathan"
<LittNa@ncs.com>

04/22/2002 11:11 AM

To: "Louisa_Loke@nafi.com" <Louisa_Loke@nafi.com>
cc:

Subject: 471 Application ID <form identifier: Telephone> -PR Case ID#<case#119287>

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5

Billed Entity: North American Family Institute

Block 5 Items 13 and 14 on page 6: The service provider name listed (NAPHO) does not match what is in our database for the SPIN (143XXXXXX) listed. Please check with your service provider for the correct name and/or number.

Please make these corrections to your form and fax to my attention at 888-276-8736 or email the corrections to my attention at SLDProblemResolution@ncs.com. Please reference the application number or form identifier and your name in all correspondences. If you have any questions, please call me at 888-203-8100 and reference case number 119287.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

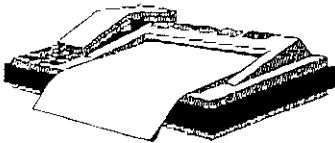
Thank you,

Nathan Littlejohn
Client Service Bureau/Problem Resolution
Schools and Libraries Division
Help Line: (888) 203-8100
Fax: (888) 276-8736
E-Mail: sldproblemresolution@ncs.com

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0250
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 04/29 13:40
USAGE T 01'09
PGS. SENT 3
RESULT OK



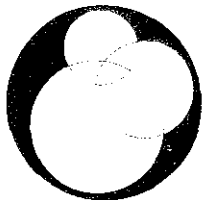
Facsimile Cover Sheet

To: Nathan Littlejohn**Company:** SLD**Phone:** 888-203-8100**Fax:** 888-276-8736**From:** Louisa Loke**Company:** NAFI**Phone:** 978-774-0774 or 978-774-0775, ext. 192**Fax:** 978-774-2262**E-Mail:** Louisaloke@nafi.com**Date:** 4/29/02

No. of pages
including cover page: 3

Comments:

Re: case #119287



NAFI/NFI

creating diverse and innovative services for people

April 29, 2002

ADMINISTRATIVE OFFICES:

10 Harbor Street

Danvers, MA 01923

Tel: (978) 774-0774

Main Fax: (978) 774-8369

Alternate Fax: (978) 774-2262

TTY: (978) 762-6314

Case # 119287

Funding Yr: 5

Billed Entity: North American Family Institute

Form Identifiers: Telephone

Dear Mr. Littlejohn,

I have made correction on Block 5 Items 13 and 14 on page 6. Please refer to the attachment.

If you have any questions please feel free to contact me at 974-774-0774.

Sincerely,

Louisa Loke

Entity Number: 227033	Applicants Form Identifier:	Telephone
Contact Person: Louisa Loke	Phone Number:	(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 6 of 12

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ **(to be assigned by administrator)**

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM 16 Billing Account Number (e.g., billed telephone number) OS10
12 Form 470 Application Number (15 digits) <div style="text-align: right;">681020000377973</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143666666</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 7/1/2002 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003
14 Service Provider Name <div style="text-align: right;">SLD Interim Spin</div>	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # 6 _____

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
50.17	0	50.17	12	602.00			0	602.00	89%	\$ 535.78



"Littlejohn, Nathan"
 <LittNa@ncs.com>
 04/22/2002 11:11 AM

To: "Louisa_Loke@nafi.com" <Louisa_Loke@nafi.com>
 CC:
 Subject: 471 Application ID <form identifier: Wireless> -PR Case ID#<case#119290>

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5
 Billed Entity: North American Family Institute

Block 5 Items 13 and 14 on page 8: The service provider name listed (Message Center) does not match what is in our database for the SPIN (143XXXXXX) listed. Please check with your service provider for the correct name and/or number.

Please make these corrections to your form and fax to my attention at 888-276-8736 or email the corrections to my attention at SLDProblemResolution@ncs.com. Please reference the application number or form identifier and your name in all correspondences. If you have any questions, please call me at 888-203-8100 and reference case number 119290.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

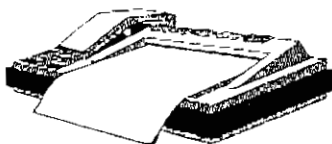
Thank you,

Nathan Littlejohn
 Client Service Bureau/Problem Resolution
 Schools and Libraries Division
 Help Line: (888) 203-8100
 Fax: (888) 276-8736
 E-Mail: sldproblemresolution@ncs.com

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0249
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 04/29 13:39
USAGE T 01'09
PGS. SENT 3
RESULT OK



Facsimile Cover Sheet

To: Nathan Littlejohn

Company: SLD

Phone: 888-203-8100

Fax: 888-276-8736

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

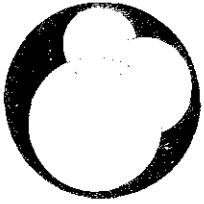
E-Mail: Louisaloke@nafi.com

Date: 4/29/02

**No. of pages
including cover page:** 3

Comments:

Re: case #119290



NAFI/NFI

creating diverse and innovative services for people

April 29, 2002

Case # 119290

Funding Yr: 5

Billed Entity: North American Family Institute

Form Identifiers: Wireless

ADMINISTRATIVE OFFICES:

10 Harbor Street

Danvers, MA 01923

Tel: (978) 774-0774

Main Fax: (978) 774-8369

Alternate Fax: (978) 774-2262

TTY: (978) 762-6314

Dear Mr. Littlejohn,

I have made correction on Block 5 Items 13 and 14 on page 8. Please refer to the attachment.

If you have any questions please feel free to contact me at 978-774-0774.

Sincerely,

Louisa Loke

Entity Number: 227033

Applicants Form Identifier:

Wireless

Contact Person: Louisa Loke

Phone Number:

(978) 774-0774

Block 5: Discount Funding Request(s)Block 5, page 8 of 13

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) A4721					
12 Form 470 Application Number (15 digits) 681020000377973					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
13 SPIN - Service Provider Identification Number (9 digits) 143666666					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003					
14 Service Provider Name SLD Interim Spin					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 8										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A8 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
29.85	0	29.85	12	358.2			0	358.2	89%	\$ 318.80

Louisa Loke

From: SLD Problem Resolution [SLDProblemResolution@ncs.com]
Sent: Wednesday, April 24, 2002 8:25 PM
To: 'Louisa_Loke@nafi.com'
Subject: Fy 5 Form 471//Form Identifiers: Network & Internet

Louisa Loke,

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

As per our phone conversation:

To update the school's entity name(s) you will need to provide us with the following information:

School/Library/Entity full name <<...OLE_Obj...>>
 Entity Type (school, school district, library outlet, library system, consortium) <<...OLE_Obj...>>
 Sector Type (private, public) <<...OLE_Obj...>>
 Your name <<...OLE_Obj...>>
 Your phone number <<...OLE_Obj...>>
 Entity Phone Number <<...OLE_Obj...>>
 Fax number <<...OLE_Obj...>>
 Street Address (including county name) <<...OLE_Obj...>>
 Mailing Address (including county name) <<...OLE_Obj...>>
 Lowest to highest grade level (e.g. 7th to 12) <<...OLE_Obj...>>
 Known Entity number (if applicable)

Please make these corrections to your form and fax to my attention at 888-276-8736 or email the corrections to my attention at SLDProblemResolution@ncs.com. Please reference the application number or form identifier and your name in all correspondences. If you have any questions, please call me at 888-203-8100 and reference case number 116470.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thank you,
 Heidi Collins
 Client Service Bureau/Problem Resolution
 Schools and Libraries Division
 Help Line: (888) 203-8100
 Fax: (888) 276-8736
 E-Mail: sldproblemresolution@ncs.com

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0229
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 04/26 13:41
USAGE T 00'44
PGS. SENT 2
RESULT OK



Facsimile Cover Sheet

To: Heidi Collins

Company: SLD

Phone: 888-203-8100

Fax: 888-276-8736

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

E-Mail: Louisaloke@nafi.com

Date: 4/26/02

No. of pages
including cover page: 2

Comments:

Re: case #118470

Schools and Libraries Division Client Service Bureau

Help Line : (888) 203-8100
Fax: (888) 276-8736
E-Mail: sldproblemresolution@ncs.com

Fax

To: Louisa Loke
Fax: 1-978-774-8369
Phone: 1-978-774-0774
Re: 471 Form Identifiers: Network & Internet
From: Heidi Collins
Pages: 1
Date: 04/25/2002
☐ Urgent ! ☐ For Review ☐ Please Comment ☒ Please Reply ! ☐ Please Recycle

Louisa Loke,

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

As per our phone conversation:

To update the school's entity name(s) you will need to provide us with the following information:

School/Library/Entity full name
Entity Type (school, school district, library outlet, library system, consortium)
Sector Type (private, public)
Your name
Your phone number
Entity Phone Number
Fax number
Street Address (including county name)
Mailing Address (including county name)
Lowest to highest grade level (e.g. 7th to 12)
→ Known Entity number (if applicable) :

Please make these corrections to your form and fax to my attention at 888-276-8736 or email the corrections to my attention at SLDProblemResolution@ncs.com. Please reference the application number or form identifier and your name in all correspondences. If you have any questions, please call me at 888-203-8100 and reference **case number 118470**.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

Thursday 25 of Apr 2002,

->978 774 8369

Page 2 of

Thank you,
Heidi Collins
Client Service Bureau/Problem Resolution
Schools and Libraries Division
Help Line: (888) 203-8100
Fax: (888) 276-8736
E-Mail: sldproblemresolution@ncs.com



NAFI/NFI

creating diverse and innovative services for people

April 26, 2002

Re: Case Number 118470

Name of Billed Entity: North American Family Institute
Entity Number: 227033

ADMINISTRATIVE OFFICES:

10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Main Fax: (978) 774-8369
Alternate Fax: (978) 774-2262
TTY: (978) 762-6314

Dear Ms. Collins,

- Here is the information for DeFuniak Springs – Half Way House:
School/Library/Entity full name: DeFuniak Springs – Half Way House
Entity Type: School
Sector Type: Private
My Name: Louisa Loke
My Phone Number: 978-774-0774
Entity Phone Number: 850-892-8580
Fax Number: 850-892-8584
Street Address (with county name): 286 Gene Hurley Road
Defuniak Springs, FL 32433
County is Walton

Mailing Address (with county name): 286 Gene Hurley Road
Defuniak Springs, FL 32433
County is Walton

Lowest to highest-grade level: 8 to 12
Known Entity Number: 212539

- Here is the information for Dodge/Bridge Crossing:
School/Library/Entity full name: Dodge/Bridge Crossing
Entity Type: School
Sector Type: Private
My Name: Louisa Loke
My Phone Number: 978-774-0774
Entity Phone Number: 207-647-4404
Fax Number: 207-647-4170
Street Address (with county name): 11 Wayside Avenue
Bridgton, ME 04009
County is Cumberland

Mailing Address (with county name): 11 Wayside Avenue
Bridgton, ME 04009
County is Cumberland

Lowest to highest-grade level: Kindergarten to 6
Known Entity Number: 221867

Please feel free to contact me if you have any questions.

Sincerely,

Louisa Loke

13

USAC**UNIVERSAL SERVICE ADMINISTRATIVE COMPANY**

TO: LOUISA LOKE

FROM: SHERRY A. TABOR

YOUR FAX NUMBER: 978-774-8369

MY FAX NUMBER: 973-884-8378

DATE: 05/06/02 PLEASE RESPOND BY: 05/13/02

MY EMAIL ADDRESS:

ORGANIZATION: NORTH AMERICAN FAMILY INST

STABOR@SL.UNIVERSALSERVICE.ORG

PHONE NUMBER: 978-774-0775 X192

MY PHONE NUMBER: 973-581-6748

SUBJECT: 471 APPLICATION NUMBER: 330364

TOTAL NUMBER OF PAGES INCLUDING COVER 3

PLEASE CALL TO CONFIRM THAT THIS FAX HAS BEEN RECEIVED

Privilege and Confidentiality Notice

The information in this telecopy is intended for the named recipients only. It may contain information that is privileged, confidential or otherwise protected from disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied material is strictly prohibited. If you have received the telecopy in error, please notify us by telephone immediately and mail the original to us at the address below. Thank you.

Time Sensitive - 7-Day Response Expected

It is important that we receive all of the information requested within 7 calendar days of the date of this memorandum so that we may complete our review of your Universal Service funding request(s).

Dear E-Rate Applicant:

In the course of reviewing your Funding Year 5 (2002-2003) Form(s) 471, we have determined that we require additional information to continue our review. The information is attached in my memo. We ask this information be faxed or sent (if mailed, preferably via overnight mail) to the fax # above, or the following address:

Attn: Sherry A. Tabor

Schools and Libraries Division

Service Review Team

80 South Jefferson Road

Whippany, New Jersey 07981

USAC
SCHOOLS & LIBRARIES DIVISION
PROGRAM INTEGRITY ASSURANCE

May 7, 2002

North American Family Institute
Application 330364

Attn: Louisa Loke

Dear Louisa,

This is a follow-up to our phone call today about this application. In order to complete the service portion of your application, the following items need additional information:

FRN 892617 Retro-Fit Inc.

- I will need to have the Net wiring for 26 sites broken out by school/site. I need to know the components of the wiring and also how many classrooms (K-12) are in each site.
- I need in more information on the switches and servers in 27 sites for \$254,385. I need to know the amount by school/site for the switches, along with the manufacturer, model numbers, quantity and cost. For the servers, I need to the amount per school/site along with how many servers, server use and components.
- I will also need to know the use of any file servers.

There is a Net install at 27 sites for \$382,401.

- Is this only on the wiring, switches and servers?
- Does this include installation of the virus protection and filtering? If so, what portion of the installation pertains to this?
- Please identify where the Network Hub is installed. If it is at your site, are there any K-12 classrooms?
- I will need the contract or quote with attachments that identify service details.

There are also 2 more questions that we have to ask every applicant. Is requesting Internal Connections.

- Does this application represent a re-file of Funding Year 4 fund requests? If so, what is the circumstance for the re-file?

- Are any entities in this application represented in any other application for the same services/products? If so, why?

Please answer these questions as quickly as possible since the completion date on this 5/13/02. I need this information by next Monday or we will have to process this application with the information we have at this time. Thank you for your assistance.

Sincerely,



Sherry A. Tabor

Associate Manager

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0474
CONNECTION TEL 19738848378
SUBADDRESS
CONNECTION ID
ST. TIME 05/14 08:27
USAGE T 04'40
PGS. SENT 13
RESULT OK



Facsimile Cover Sheet

To: Sherry A. Tabor**Company:** SLD**Phone:** 973-581-6748**Fax:** 973-884-8378**From:** Louisa Loke**Company:** NAFI**Phone:** 978-774-0774 or 978-774-0775, ext. 192**Fax:** 978-774-2262**E-Mail:** Louisaloke@nafi.com**Date:** 5/14/02

No. of pages
including cover page:

13

Comments:**Re: 471 Application Number: 330364**

The North American Family Institute is pleased to provide the following information in response to your request dated May 7, 2002 for more information regarding our E-Rate application number 330364.

FRN 892617, Retrofit, Inc.

1) Attachment 1 shows the wiring cost per site and the number of classrooms. Because of the nature of our schools which are residential programs for students with emotional or juvenile justice problems we offer small group and individualized instruction. This instruction is provided in a flexible range of settings which include traditional classrooms, rooms used for individual instruction, and computer labs. The figures for classrooms in the attachment include these different room types.

The network wiring in this request is entirely category 5e data wiring.

2) The attachment also identifies whether each site gets a large or small server, depending on the size of the program. The servers are configured as follows:

Small Server (up to 15 students)

Dell PowerEdge 1400SC	PIII 933Mhz, 512MB RAM, 18GB SCSI Hard Drive, Internal NIC, Windows 2000 Server w/ 5 CALs, 3 year same day (M-F) 4-hour response warranty	15" Monitor, 20/40GB Internal DDS-4 Backup Drive, UPS (APC 700), Keyboard, Mouse
-----------------------	---	--

Large server (15 or more students)

Dell PowerEdge 1400SC	PIII 1.13Ghz, 512MB RAM, 3x18GB SCSI Hard Drives, RAID 5 (36GB useable), Internal NIC, Windows 2000 Server w/ 5 CALs, 3 year same day (M-F) 4-hour response warranty	15" Monitor, 20/40GB Internal DDS-4 Backup Drive, UPS (APC 700), Keyboard, Mouse
-----------------------	--	--

3) These servers are used as a DHCP Server, Domain Name Server, E-Mail Server and web server.

4) The net install item includes setup, configuration, testing and integration of the switches and servers provided.

5) It does not include anti-virus setup. The anti-virus purchase and installation is identified on the 471 worksheet as an ineligible cost component and is not included in the funding requested.

6) These networks are for Internet access only and as such there is no hub. All locations house student instruction.

7) Relevant portions of the RFP are attached describing the service details.

8) None of these items is duplication of a year 4 request.

9) None of the entities in this application are included in any other application for similar services or products.

Attachment 1

State	School	Wiring Cost	Switch Equipment Cost	Server Size Required	Server Hardware/OS	Instructional rooms
CT	Stepping Stone	\$ 11,453	\$ 2,068	Large	\$ 5,450	8
CT	Touchstone	\$ 39,655	\$ 2,757	Large	\$ 5,469	11
FL	DeFuniak Springs- Half Way H	\$ 12,757	\$ 2,757	Large	\$ 5,277	9
FL	Sawmill Academy	\$ -	\$ 2,068	Large	\$ 5,469	11
FL	Hendry County	\$ 18,713	\$ 3,446	Large	\$ 5,643	18
FL	Monticello	\$ -	\$ 1,379	Large	\$ 5,411	8
MD	TOYC	\$ 20,509	\$ 5,514	Large	\$ 5,257	19
RI	Ace	\$ 10,784	\$ 2,068	Large	\$ 5,488	12
RI	Alternatives	\$ 18,982	\$ 2,068	Large	\$ 5,488	12
MA	Alliance House	\$ 9,898	\$ 2,068	Large	\$ 5,431	9
MA	Chauncy Hall	\$ 6,053	\$ 1,379	Large	\$ 5,354	7
MA	CIP	\$ 5,233	\$ 689	Small	\$ 4,362	3
MA	North Crossing	\$ 2,425	\$ 689	Small	\$ 4,324	1
MA	NE Diversion	\$ 2,662	\$ 689	Large	\$ 5,238	1
MA	Shelter Care	\$ 9,963	\$ 2,068	Large	\$ 5,508	9
MA	Positive Opportunity Program	\$ 7,522	\$ 2,068	Large	\$ 5,431	5
VT	Cornerstone	\$ 5,362	\$ 1,379	Large	\$ 5,334	6
VT	Turning Points	\$ 4,239	\$ 689	Large	\$ 5,315	3
VT	Centerpoint	\$ 11,367	\$ 2,068	Large	\$ 5,508	15
ME	Dirigo	\$ 6,442	\$ 1,379	Small	\$ 4,420	6
ME	Dodge/Bridge Crossing	\$ 21,725	\$ 2,757	Large	\$ 5,508	4
ME	Stetson	\$ 5,621	\$ 1,379	Small	\$ 4,439	16
ME	Buxton	\$ 9,509	\$ 2,068	Small	\$ 5,450	10
ME	Sidney	\$ 6,637	\$ 1,379	Small	\$ 4,459	8
NH	Davenport	\$ 5,902	\$ 1,379	Large	\$ 5,334	6
NH	Midway Shelter	\$ 20,019	\$ 2,757	Large	\$ 5,469	11
NH	North Country Shelter	\$ 7,803	\$ 1,379	Large	\$ 5,411	21

11. NAFT Data Wiring System

Introduction

The purpose of this procurement is to provide each school building with a model installation in each of its instructional rooms according to the description of each room type below. Typical drawings of each room type are attached in Section 7.

Classroom

Each classroom shall be equipped with a one dual RJ-45 data outlet at the front of the room for the teacher workstation and a networked printer. In addition, one dual data outlet shall be installed along the corridor wall for student workstations.

Office

Each office shall be equipped with a two dual RJ-45 data outlets on opposite walls for administrative workstations and a networked printer.

Computer Lab

Each computer lab shall be equipped with 6 dual data outlets equally spaced around the perimeter of the room unless otherwise noted on building survey.

Student study rooms

Two dual data outlets shall be equipped in each identified student work area for student workstations.

General

This section describes the requirements for a comprehensive structured wiring infrastructure based on the EIA/TIA 568 specification. This section details the design requirements that pertain to the delivery of data communications within a specific building. Interconnection of buildings to the Internet is described in a separate section of this procurement. The arrangement of equipment and the configuration of the patch fields must take into account the eventual interconnection to the Internet.

All the required support items and hardware necessary to arrange the infrastructure and provide the Owner with clearly labeled and easily identified cross field patch fields in the wire closet locations is mandatory. The Offeror must ensure the accessibility of each distribution frame and that the Owner's assigned personnel can easily identify and patch voice or data services to any room receptacle.